PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031 U.S. Patent and Trad emark Office; U.S. DEPARTMENT OF COMMERCE

Deposit Account Number  O3-1952  I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.  I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  x attorney or agent of record. Registration Number 33,003  attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34  March 8, 2006  Signature  Norman R. Klivans  Telephone Number  Telephone Number	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			of information unless if displays a valid OMB control numb Docket Number (Optional) 549222000101		
Art Unit 3639   Examiner   T. A. Dixon  This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Fee	Application Number 08/977,846			Filed November 25, 1997		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Fee	For METHOD AND SYSTEM FOR INFORMATION DISSEMINATION WITH USER MENU INTERFACE					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Fee	Art Unit 3639			Examiner	T. A. Dixon	
One month (37 CFR 1.17(a)(1))    S120	identified application.					
One month (37 CFR 1.17(a)(1))  Two months (37 CFR 1.17(a)(2))  Three months (37 CFR 1.17(a)(3))  Three months (37 CFR 1.17(a)(4))  Four months (37 CFR 1.17(a)(4))  Four months (37 CFR 1.17(a)(4))  Five months (37 CFR 1.17(a)(5))  Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  03-1952  Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.  I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  x attorney or agent of record. Registration Number 33,003  attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34  March 8, 2006  Signature  Norman R. Klivans  Telephone Number  Telephone Number	The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
X   Three months (37 CFR 1.17(a)(3))   \$1020   \$510   \$1,020.00     Four months (37 CFR 1.17(a)(4))   \$1590   \$795   \$   Five months (37 CFR 1.17(a)(5))   \$2160   \$1080   \$   Applicant claims small entity status. See 37 CFR 1.27.     A check in the amount of the fee is enclosed.     Payment by credit card. Form PTO-2038 is attached.     The Director has already been authorized to charge fees in this application to a Deposit Account.     X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number   03-1952   Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.     I am the					\$	
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assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  x attorney or agent of record. Registration Number 33,003  attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34  March 8, 2006 Signature  Norman R. Klivans Typed or printed name  Telephone Number	A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  03-1952  I have enclosed a duplicate copy of this sheet. Fee					
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March 8, 2006           Signature         Date           Norman R. Klivans         (650) 813-5850           Typed or printed name         Telephone Number	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  attorney or agent of record. Registration Number 33,003  attorney or agent under 37 CFR 1.34.					
Signature Date  Norman R. Klivans (650) 813-5850  Typed or printed name Telephone Number	nur Illand			March 8, 2006		
Typed or printed name Telephone Number	Signature					
21.44.4.1						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more	• •	,		·		

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV456358007 US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown

forms are submitted.

Dated: March 8, 2006

Total of

Signature: \_

(Georgina Matos)